

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** _____ Zach Adamson _____
b. **YOUR RESIDENCE ADDRESS** _____ 40 N Randolph St, Indianapolis, IN, 46201
c. **YOUR BUSINESS ADDRESS** _____ 130 N Delaware St, Indpls, IN 46204 _____

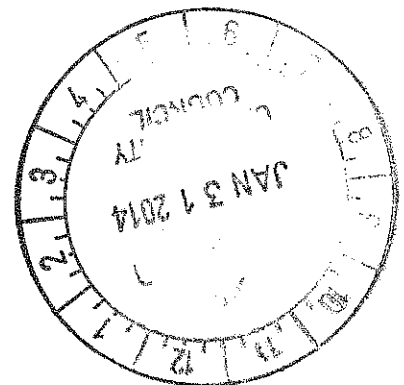
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES X NO _____

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME _____ Self _____

EMPLOYER'S ADDRESS _____ See above _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ☒ NO ☐

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS Hair Salon

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED Urban Designs by Zach at Icons

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Schenker IND

EMPLOYER'S ADDRESS 2363 E Perry Rd, Suite 191 Plainfield, IN 46168

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☐ NO ☐ Not Applicable ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO X___

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO X___

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO X

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO ___
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

72
COUNCILLOR

1/14/14
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

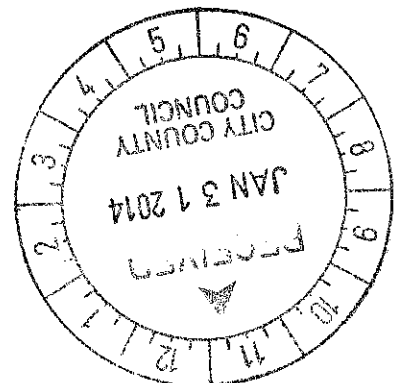
1. a. YOUR NAME JOHN BARTH
b. YOUR RESIDENCE ADDRESS
4832 GRACELAND AVE, INDIANAPOLIS, IN 46208
c. YOUR BUSINESS ADDRESS
1099 N. MERIDIAN ST.
INDIANAPOLIS, IN 46204
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
PRIOR YEAR? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME M. H. S.

EMPLOYER'S ADDRESS SAME AS ABOVE

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ___ NO X

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES X NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME ESKENAZI HEALTH

EMPLOYER'S ADDRESS 720 ESKENAZI AVE.
INDIANAPOLIS, IN 46202

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ☒ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ☒ SPOUSE ___ DEPENDANT CHILD ___

NAME OF ORGANIZATION MLK COMMUNITY CENTER

ADDRESS OF ORGANIZATION 40 W. 410TH ST
INDIANAPOLIS, IN 46208

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES X NO

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

INDIANAPOLIS MOTOR SPEEDWAY

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NO X
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED?

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

John B. A.
COUNCILLOR

1/29/14
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

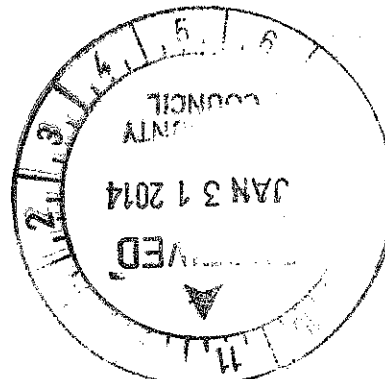
1. a. **YOUR NAME** Vernon A. Brown
b. **YOUR RESIDENCE ADDRESS** 11817 Brocken Way, Indianapolis, IN 46229
c. **YOUR BUSINESS ADDRESS**
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES X NO

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME IFD

EMPLOYER'S ADDRESS 5558 N. New Jersey St, Indianapolis, IN 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ___ NO X

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES X NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____ IPS

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME Not to my knowledge

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION Not to my knowledge

ADDRESS OF ORGANIZATION _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

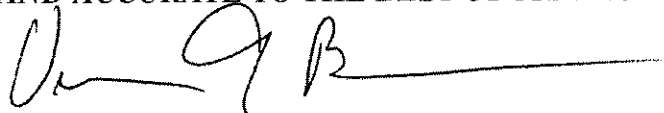
6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO X

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO X
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.



COUNCILLOR

1/31/14
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. YOUR NAME Virginia J. Cain
- b. YOUR RESIDENCE ADDRESS
9101 Anchor Mark Drive Indpls. IN 46236
- c. YOUR BUSINESS ADDRESS
Ø
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
PRIOR YEAR? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME U.S. Senator Dan Coats

EMPLOYER'S ADDRESS Russell Bldg. Washington, D.C.
local office: 10 W. Market St. Suite 1650 Indpls. IN 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ___ NO X

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?

YES ___ NO X

*He owns his own business: unique surgical + lighting
Pittsboro, IN*

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ☒ NO ☐ ~~NO~~

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME Wishard Hospital // Eshunazi

ENTITY'S ADDRESS 10th Street - Eshunazi Drive
Indpls. IN

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ☐ SPOUSE ☐ DEPENDANT CHILD ☐

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO ☒

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO ☒
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Virginia J. Carr
COUNCILLOR

2/3/14
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

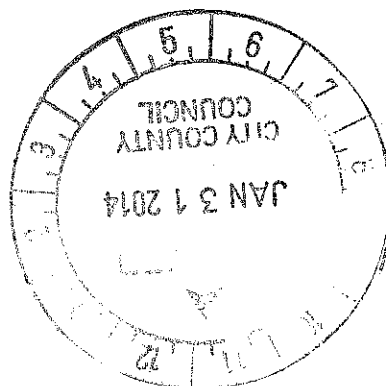
1. a. YOUR NAME JOSE M. EVANS
- b. YOUR RESIDENCE ADDRESS 7644 BANCASTER DR, INDIANAPOLIS, IN 46268
- c. YOUR BUSINESS ADDRESS EVANS ENTERPRISES LLC
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME CAREPOINT MEDICAL

EMPLOYER'S ADDRESS 4860 COX RD SUITE 300
GLEN ARM, VA 23060

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ___ NO ☒

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS OME

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED CARE POINT MEDICAL

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☒ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Purdue University

EMPLOYER'S ADDRESS Lafayette, IN

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS ☒ WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ☐ SPOUSE ☐ DEPENDANT CHILD ☐

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ☒ NO ☐

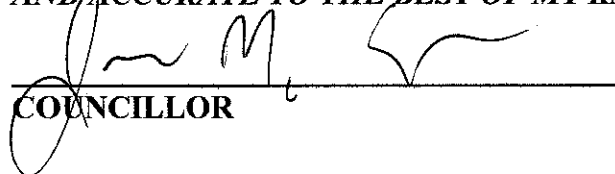
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

500 tickets, (500, Brichyard, motor bike)

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ☐ NO ☐
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILLOR

1-29-14
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

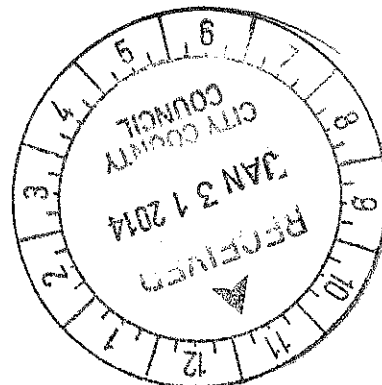
1. a. **YOUR NAME** Aaron M. Freeman
b. **YOUR RESIDENCE ADDRESS** 10410 Clifty Falls Road Indianapolis, IN. 46239.
c. **YOUR BUSINESS ADDRESS** 8925 Southeastern Avenue Indianapolis, IN 46239.
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES X NO

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME Voyles Zahn & Paul

EMPLOYER'S ADDRESS 8925 Southeastern Avenue Indianapolis, IN. 46239.

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ___ NO X

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES X NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Shelbourne Knee Center

EMPLOYER'S ADDRESS 1815 North Capitol Avenue Indianapolis, IN. 46202.

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE
IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Indiana Pacers

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NO X
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED?

COUNCILLOR

DATE _____

4

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

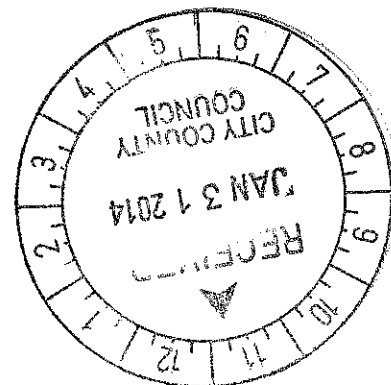
Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. YOUR NAME William W. Gooden
- b. YOUR RESIDENCE ADDRESS 7545 N. Pennsylvania St., Indianapolis, IN 46240
- c. YOUR BUSINESS ADDRESS 320 N. Meridian St., Suite 1100
Indianapolis, IN 46204
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES ☐ NO ☒ * Effective March 1, 2013, I am a partner in the law firm Partnership (see below). Prior IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
- EMPLOYER'S NAME Clark Quinn, LLP to that time I was an
- EMPLOYER'S ADDRESS 320 N. Meridian St., Suite 1100 independent contractor.
Indianapolis, IN 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

So I was not an employee. I did receive 1099 compensation and then K-1 distributions as a partner. ("of counsel")



b. WERE YOU SELF-EMPLOYED? YES ☒ NO ☐

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS Attorney at Law

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED William W Gooden, Attorney at Law and Clark Quinn, PC

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME Clark Quinn, LLP

ENTITY'S ADDRESS 320 N. Meridian St., Suite 1100
Indianapolis, IN 46204

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ☐ SPOUSE ☐ DEPENDANT CHILD ☐

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO ☒

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO ☒
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILLOR

1/14/14
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. YOUR NAME Monroe GRAY Jr.
b. YOUR RESIDENCE ADDRESS
4811-SEVILLE DR.
c. YOUR BUSINESS ADDRESS

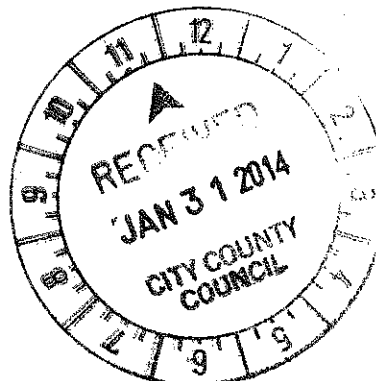
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
PRIOR YEAR? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ☐ NO ☐

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO ☒

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO ☒
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILLOR

2/2/14
DATE

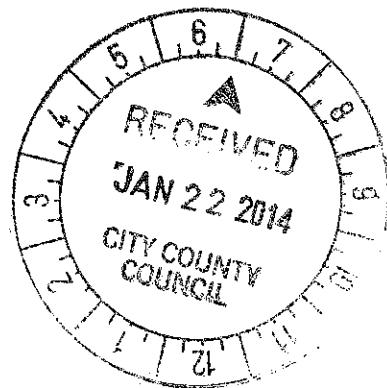
SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

- IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS**

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ☒ NO ☒

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME St Francis Hospital Indiana Heart Physicians

EMPLOYER'S ADDRESS 8111 S Emerson Ave Indianapolis, IN 46237

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO X___

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES X NO ___

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR X SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION Forrest Manor Multi Service Center

ADDRESS OF ORGANIZATION 5603 E. 38th St Indianapolis IN 46218

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ☐ NO ☒

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ☐ NO ☒
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Camela L. Dickman
COUNCILLOR

1-23-2013
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

All Questions Must Be Answered Completely and Legibly

1. A. Your Name: Jason Holliday

B. Your Residence: 5137 Emmert Dr. / Ind., IN 46221

C. Your Business Address: Drawer 1 / Clayton, IN

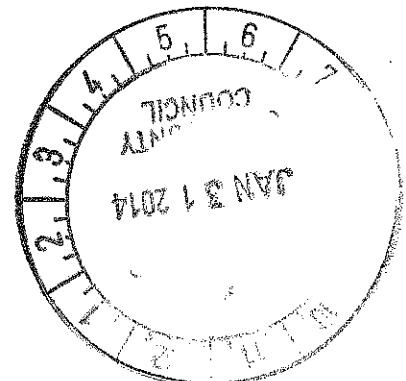
2. A. Did You Receive Compensation from any Employers in the Prior Year?
Yes ☒ No ☐

If Yes, The Name and Address of all Such Employers:

Employer's Name: Ray's Trash Service

Employer's Address: Drawer 1 / Clayton, IN

[If you had more than one employer, use additional sheets]



B. Were You Self-Employed? Yes ☐ No ☒

If Yes, the Nature of Such Business and the Name Under Which Conducted:

Nature of the Business: _____

Name under Which Such Business was conducted: _____

3. A. During the Prior Calendar Year, Did Your Spouse Receive Compensation in Excess of \$5000.00 From an Employer?
Yes ☐ No ☒

If Yes, the Name and Address of Such Employer:

Employer's Name: _____

Employer's Address: _____

[If your spouse was paid \$5000.00 by additional employers use additional sheets]

B. During the Prior Calendar Year, Did any of Your Dependent Children Receive Compensation in Excess of \$5000.00 From an Employer?
Yes ☐ No ☒

If Yes, the Name and Address of Such Employer:

Name of Dependant Child: _____

Employer's Name: _____

Employer's Address: _____

[If your dependent children had other employers who paid them over \$5000.00 use additional sheets]

4. Did You, Your Spouse or Any of Your Dependent Children Either
(1) Serve as an Officer of,
(2) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or
(3) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00
During the Past Year, From:

In any Business Year that Did Business with or Solicited Business with the City or County?

Yes ☐ No ☒

If Yes, The Name and Addresses of Such Business Entities:

Entity's Name: _____

Entity's Address: _____

[If you, your spouse or dependent children had other entities that must disclosed attach additional sheets]

5. Did You, Your Spouse, or any Dependent Children Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County?
Yes ☐ No ☒

If Yes, the Name and Address of Such Organization or Organizations:

Person Serving:

Councillor: ☐ Spouse: ☐ Dependant Child: ☐

Name of Organization: _____

Address of Organization: _____

[If you, your spouse or dependent children had positions in other organizations that must be disclosed attach additional sheets]

6. *Except For Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance With Law or Gifts From Persons Including Family Members With Whom You Have an On-Going Social Relationship Not Related to Service on the Council Which are not Subject to Reporting on this Form, Did You Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate Over \$250, in the Prior Year From any Person or Firm that Does Business With or Seeks to do Business with the City or County or Which Seeks to Influence Council Action?*

Yes ☐ No ☒

If Yes, List the Names of Such Persons or Firms:

7. I acknowledge that if any Items Reported in Items 1 through 4 above Change during the Year, I will Update Such Information within 45 Days of the Change.

If the Space provided on this Form is Inadequate, Additional Sheets may be used to provide the Additional Information.

Are You Attaching Additional Sheets? Yes ☐ No ☒

If Yes, How Many Additional Sheets are attached? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


Councillor or Candidate Signature

1-13-14
Date

SIGN, DATE AND RETURN TO:
CLERK OF THE COUNCIL
241 CITY-COUNTY BUILDING
INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. YOUR NAME Benjamin D. Horrel, Councilor District #24

b. YOUR RESIDENCE ADDRESS

10924 MIDNIGHT DR. Indianapolis IN 46239

c. YOUR BUSINESS ADDRESS

2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
PRIOR YEAR? YES ☒ NO ☐

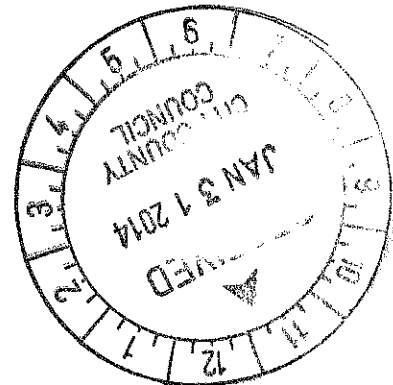
IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME Bauer University

EMPLOYER'S ADDRESS 4600 N. Sunset Ave

Indianapolis IN 46208

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ___ NO ☒

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS N/A

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED N/A

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☒ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Fundamental Foundation for Educational Choice

EMPLOYER'S ADDRESS One American Square Suite 2420
Indianapolis IN 46282

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD N/A

EMPLOYER'S NAME N/A

EMPLOYER'S ADDRESS N/A

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____ N/A

ENTITY'S ADDRESS _____ N/A

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____ N/A

ADDRESS OF ORGANIZATION _____ N/A

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ☒ NO ☐


IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

- ① Indianapolis Motor Speedway (Tickets given to constituents)
- ② Indianapolis Colts (Pre-season ticket)
- ③ Indianapolis Police & Light (Dinner - Council ethics update)

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ☐ NO ☒
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? N/A

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

 Hunter, Benjamin
COUNCILOR

1/20/2014
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT

n/p
G

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** *Maggie A. Lewis*

 b. **YOUR RESIDENCE ADDRESS** *4235 Trace Edge Lane Indianapolis, IN 46254*

 c. **YOUR BUSINESS ADDRESS**

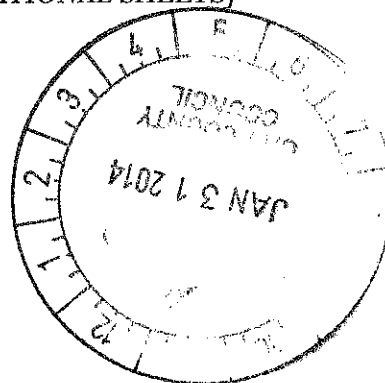
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
PRIOR YEAR? YES X NO** _____

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME *Dove Recovery House for Women, Inc.*

EMPLOYER'S ADDRESS *14 N. Highland Ave. Indianapolis, IN 46254*

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ___ NO ☒ X

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☒ X NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME *Marion County Assessors Office*

EMPLOYER'S ADDRESS *200 E. Washington St. Indianapolis, IN 46204*

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO ☒ X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NOX

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES X NO ___

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___X___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION *Capital Improvement Board (Council Appointment)*

ADDRESS OF ORGANIZATION *Indiana Convention Center 100 South Capitol Ave. 46225*

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES X NO ____

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Capital Improvement Board-Access to Suite for all events /Tickets to Colts and Pacers games
Visit Indy Board-Access to Suite/ Travel (tickets and hotel cost) to North Carolina
Texas to study Panhandling

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES __ NO __
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILOR

1/31/14
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION 4

APPLICABLE TO: COUNCILLOR ☒ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION *University of Indianapolis*

ADDRESS: *1400 E. Hanna Ave. Indianapolis IN*

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

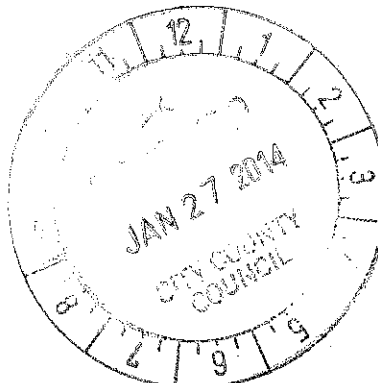
ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Robert B. Lutz
b. **YOUR RESIDENCE**
1156 Texarkana Dr., Indianapolis, IN 46231
c. **YOUR BUSINESS ADDRESS**
5026 Crawfordsville Rd.
Speedway, IN 46224
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES X NO

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME City of Indianapolis (Councillor pay only)
EMPLOYER'S ADDRESS 200 E. Washington St.
Indianapolis, IN 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES X NO

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS Legal Services

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED Robert B. Lutz Attorney at Law

3. a. **DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?**
YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM
OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
- (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
- (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES X NO

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME Zore's Inc., (received compensation in excess of \$5,000.00)

ENTITY'S ADDRESS 1300 N. Mickley Ave., Indianapolis, IN 46224

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

PERSON SERVING:
COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES X NO

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Indianapolis Motor Speedway, Indianapolis Colts, Citizens Energy Group, AT&T, Visit Indy,
Indianapolis International Airport

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES X NO
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? 1

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILLOR

1/27/14
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET 1 OF 1.

ADDITIONAL RESPONSE TO QUESTION 4

APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE
DEPENDANT CHILD

PERSON, ENTITY OR ORGANIZATION Speedway Public Library

ADDRESS: 5633 W. 25th St., Speedway, IN 46224

Received compensation in excess of \$5,000.00

ADDITIONAL RESPONSE TO QUESTION 4

APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE
DEPENDANT CHILD

PERSON, ENTITY OR ORGANIZATION Town of Clermont

ADDRESS: 9049 Crawfordsville Rd., Clermont, IN 46234

Received compensation in excess of \$5,000.00

ADDITIONAL RESPONSE TO QUESTION

APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE
DEPENDANT CHILD

PERSON, ENTITY OR ORGANIZATION

ADDRESS:

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

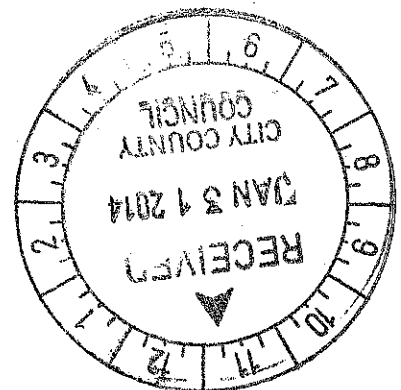
ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. YOUR NAME BRIAN MATHERN
b. YOUR RESIDENCE ADDRESS 1402 STURM AVE.
c. YOUR BUSINESS ADDRESS 1402 STURM AVE
INDPLS. IN 46201
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME LIBERTY PROPERTY TAX APPEALS
EMPLOYER'S ADDRESS 1402 STURM AVE

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ☒ NO ☐

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS PROPERTY TAX ASSESSMENT CONSULTING

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED LIBERTY
PROPERTY TAX APPEALS

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME LIBERTY PROPERTY TAX APPEALS

EMPLOYER'S ADDRESS 1402 STORM AVE.
INDpls IN 46201

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO X

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES X NO ___
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? 1

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Erin Mahan
COUNCILLOR

1/20/2013
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL SHEET 1 OF 1.

ADDITIONAL RESPONSE TO QUESTION 2

PERSON, ENTITY OR ORGANIZATION INDIANA UTILITY REGULATORY
ADDRESS: PNC CENTER 101 W Washington St. COMMISSION
Suite 1500 E Indpls, IN 46204 11-9/13/2013

3
ADDITIONAL RESPONSE TO QUESTION

PERSON, ENTITY OR ORGANIZATION MARION COUNTY ASSESSOR

ADDRESS: 200 E. WASHINGTON ST.
SUITE 1300 INGLEWOOD, CA 90204 1/1 - 9/6/2013

ADDITIONAL RESPONSE TO QUESTION

PERSON, ENTITY OR ORGANIZATION

ADDRESS: _____

5

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

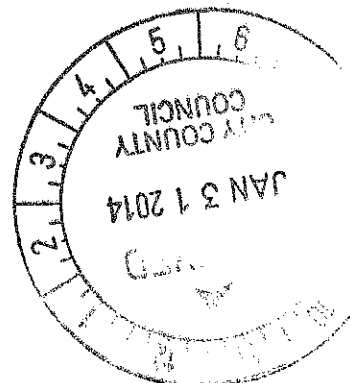
ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. YOUR NAME Angela L. Mansfield
b. YOUR RESIDENCE ADDRESS 7836 Haccourt Springs Ct, Indpls IN 46260
c. YOUR BUSINESS ADDRESS See below
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME DuCharme, McMillen & Assoc.
EMPLOYER'S ADDRESS 8440 Allison Pointe Blvd Ste 300
Indpls Ind 46250

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ___ NO ☒

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ___ NO ___ *N/A*

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO ___ *N/A*

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

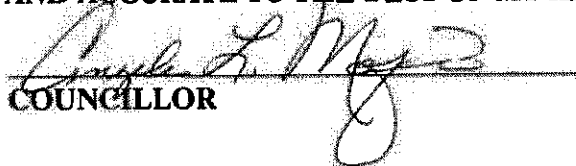
6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO ✓

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO ✓
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILLOR

1/28/2014
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

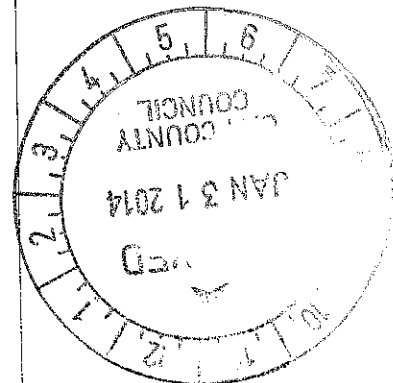
1. a. YOUR NAME FRANK MASEARI
- b. YOUR RESIDENCE ADDRESS
411 PARK MEADOW CT BEECH GROVE IN 46107
- c. YOUR BUSINESS ADDRESS
701 MAIN ST. BEECH GROVE IN 46107
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
PRIOR YEAR? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ☒ NO ☐

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS JEWELRY RETAIL

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED

BEECH GROVE JEWELRY DBA SPALDING JEWELRY

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME SAME

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO ☒

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO ☒
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Frank Mariani
COUNCILLOR

1/15/2014
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

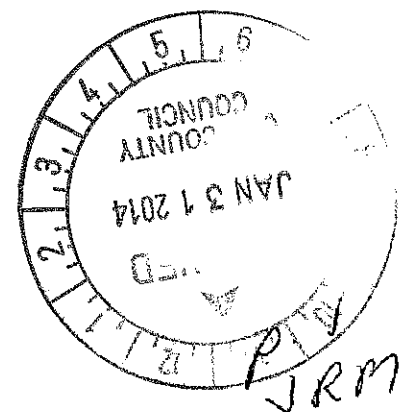
1. a. YOUR NAME Janice McHenry
b. YOUR RESIDENCE ADDRESS 7641 Torbay Circle
c. YOUR BUSINESS ADDRESS Same (Retired)
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ___ NO ☒

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☒ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Sears Holding Corp.

EMPLOYER'S ADDRESS 3333 Beverly Rd

Hoffman Estates, IL 60179
(7425 E. Washington St., Indpls, IN 46219)
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD N/A

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ☒ SPOUSE ☐ DEPENDANT CHILD ☐

NAME OF ORGANIZATION 1.) CICOA - Council Representative
2.) IMAGIS - Council Representative

ADDRESS OF ORGANIZATION 1.) 4755 Kingsway Dr.; Suite 200-46205
2.) 200 E. Washington St., Suite 1322-46204

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ☒ NO ☐

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Indianapolis Motor Speedway
IRT
Indianapolis Colts

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ☐ NO ☒
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Janice McHenry
COUNCILLOR

Jan. 27, 2013
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

**APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____**

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

**APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____**

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

**APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____**

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

P.5
JRM

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

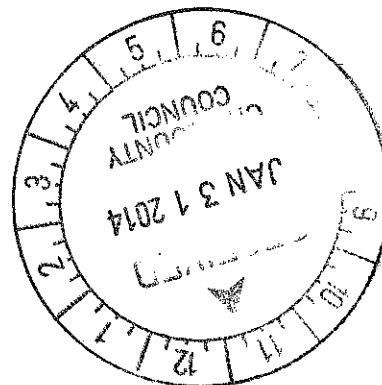
1. a. **YOUR NAME** Michael S. McQuillen
- b. **YOUR RESIDENCE ADDRESS**
913D Prairie Ridge CT 46256
- c. **YOUR BUSINESS ADDRESS**
PO Box 50022 46250
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME MA

EMPLOYER'S ADDRESS MA

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ☒ NO ☐

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED: Political Parade

NATURE OF THE BUSINESS Collectibles Sales

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED Political Parade

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Lawrence Township Schools

EMPLOYER'S ADDRESS 6501 Sunnyside Rd 46236

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD NA

EMPLOYER'S NAME NA

EMPLOYER'S ADDRESS NA

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME NA

ENTITY'S ADDRESS NA

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES ☒ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ☒ SPOUSE ___ DEPENDANT CHILD ___

NAME OF ORGANIZATION Benjamin Harrison Home Collections Committee

ADDRESS OF ORGANIZATION 1830 N. Delaware ST 46202

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ☒ NO ☐

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Indianapolis Colts, Indiana Pacers,
Indianapolis Motor Speedway

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ☐ NO ☒
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? N/A

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Carl J. McQuill
COUNCILLOR

1-18-14
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

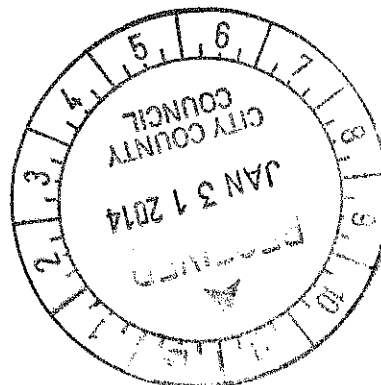
1. a. **YOUR NAME** Jeff Miller
- b. **YOUR RESIDENCE ADDRESS**
 558 Fletcher Ave, Indianapolis, IN 46203
- c. **YOUR BUSINESS ADDRESS**
 N/A
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
 PRIOR YEAR? YES X NO**

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME Capgemini Consulting

EMPLOYER'S ADDRESS 111 North Canal, 15th Floor
Chicago, IL 60606

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ___ NO X

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES X NO ___

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR X SPOUSE _____ DEPENDANT CHILD _____

NAME OF ORGANIZATION Southeast Community Services & Land Bank of Indy

ADDRESS OF ORGANIZATION SEND: 901 Shelby Street, Indianapolis, IN 46203
LBI: 202 East Market Street, Indianapolis, IN 46204

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES X NO

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

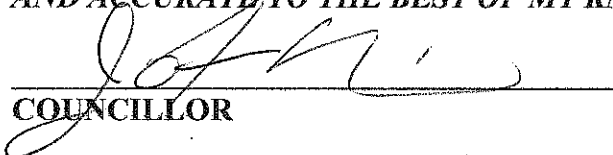
Colts (pre-season game); IMS (race tickets); VisitIndy (panhandling legislative trip)

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NO X

IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED?

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILLOR

1/27/14
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. YOUR NAME Mary Moriarty Adams
b. YOUR RESIDENCE ADDRESS
5256 East 13th Street, Indianapolis, IN 46219
c. YOUR BUSINESS ADDRESS
200 East Washington Street, Room 1360
Indianapolis, IN 46204
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
PRIOR YEAR? YES ☒ NO ☐

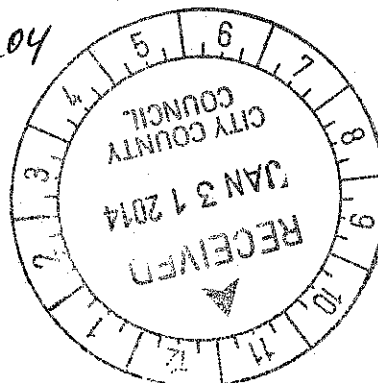
IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME Marion County Assessor

EMPLOYER'S ADDRESS 200 East Washington Street, Room 1360
Indianapolis, IN 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

City County Council
200 East Washington St.
Room 241
Indianapolis, IN 46204



b. WERE YOU SELF-EMPLOYED? YES ___ NO X

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES X NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Marion County Sheriff's Dept.

EMPLOYER'S ADDRESS 40 South Alabama Street
Indianapolis, IN 46204

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES X NO ___

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR X SPOUSE ___ DEPENDANT CHILD ___

NAME OF ORGANIZATION Indiana Association of Cities & Towns

ADDRESS OF ORGANIZATION 200 So. Meridian, Suite 340
Indianapolis, IN 46225

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES X NO

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Indianapolis Motor Speedway (2 tickets @ \$90 each)

Citizens Energy-Proliance (3 tickets to Colts game)

Tim Irgay's suite - Pre-season Game (4 tickets/Colts game)

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NO X
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED?

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Mary Moriarty Adams
COUNCILLOR A

1/24/14
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

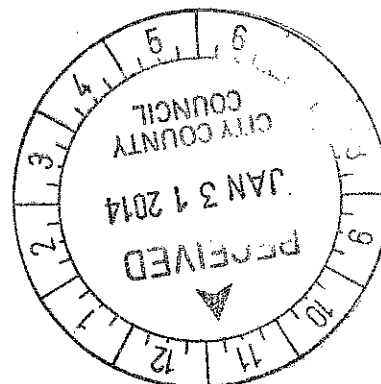
1. a. YOUR NAME William C. Oliver
- b. YOUR RESIDENCE ADDRESS 4712 E. 34th St.
- c. YOUR BUSINESS ADDRESS _____
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ☐ NO ☐

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCELLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO X

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO X
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

William C. Clark
COUNCILLOR

1-29-14
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Vop Osili
b. **YOUR RESIDENCE** 1940 N. Delaware St., Indianapolis, IN 46202
c. **YOUR BUSINESS ADDRESS** 133 W. Market St., Indianapolis, IN 46204

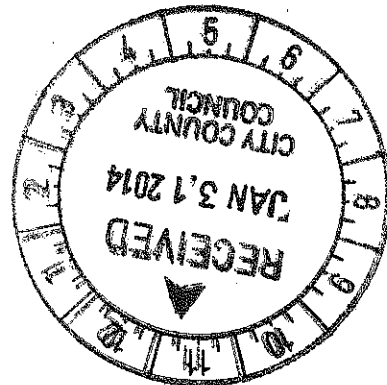
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES X NO

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS Architecture

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED A+X Design and Development

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE
COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES X NO

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Indiana University School on Philanthropy

EMPLOYER'S ADDRESS 550 W. North St., Indianapolis, IN 46202

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO X

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES X NO

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME PACE

ENTITY'S ADDRESS 2855 N. Keystone
Indianapolis, IN 46218

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES NO X

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR X SPOUSE DEPENDANT CHILD

NAME OF ORGANIZATION PACE

ADDRESS OF ORGANIZATIO 2855 N. Keystone Ave., Suite 110
Indianapolis, IN 46218

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES X NO

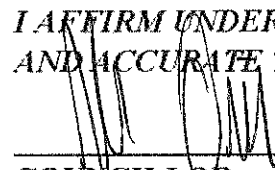
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Indianapolis Motor Speedway
Indianapolis Indians Baseball

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NO X
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED?

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.



COUNCILLOR

January 31, 2014
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Marilyn F. Fisher
- b. **YOUR RESIDENCE ADDRESS** 1001 Mt Auburn Dr - Indpls
- c. **YOUR BUSINESS ADDRESS** _____
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ☒ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS: *POU 2855 Keystone Ave 46218*

PERSON SERVING:

COUNCILLOR ☒ SPOUSE ___ DEPENDANT CHILD ___

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

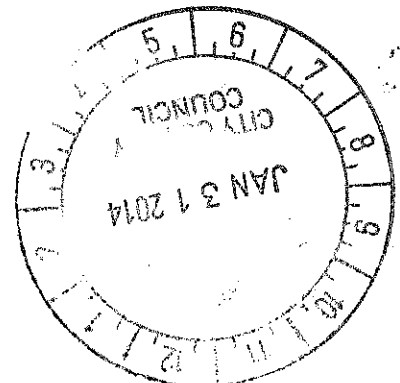
1. a. YOUR NAME Leroy Robinson
- b. YOUR RESIDENCE ADDRESS 4314 Oakley Drive Indy, IN.
- c. YOUR BUSINESS ADDRESS 115 West Washington St.
Indy, IN.
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
PRIOR YEAR? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME MSDP / IDOE

EMPLOYER'S ADDRESS _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ___ NO ✓

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. **DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?**

YES ___ NO ___ N/A

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. **DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?** YES ___ NO ___ N/A

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO ☒ No!

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ☒ NO ☐

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Pacers, IMS, Colts

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ☐ NO ☒

IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Jeray Robinson
COUNCILLOR

1-30-14
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. YOUR NAME Jack E Sandlin
- b. YOUR RESIDENCE ADDRESS 1310 E Southport Road, Indianapolis, IN 46227
- c. YOUR BUSINESS ADDRESS PO Box 47802, Indianapolis, IN 46247
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES X NO

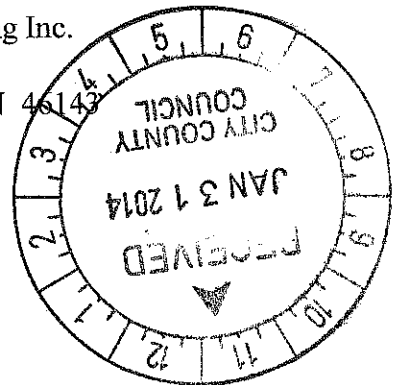
IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME JS Consulting Inc d/b/a Jack Sandlin & Associates

EMPLOYER'S ADDRESS PO Box 47802, Indianapolis, IN 46247

EMPLOYER'S NAME Center for Emergency Response Training Inc.

EMPLOYER'S ADDRESS 1999 US 31 South, Greenwood, IN 46143



b. WERE YOU SELF-EMPLOYED? YES ___ NO ☒ X

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☒ X NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME ___ Diverse Tech Services _____

EMPLOYER'S ADDRESS 6325 Digital Way, Suite 100, Indianapolis, IN 46278

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD ___ NA _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME JS Consulting, Inc., d/b/a Jack Sandlin & Associates _____

ENTITY'S ADDRESS PO Box 47802, Indianapolis, IN 46247 _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ☐ SPOUSE ☐ DEPENDANT CHILD ☐

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES X NO

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

AT&T Indianapolis - Tickets

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NO X
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED?

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Jack E. Ansell
COUNCILLOR

1/30/2014
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

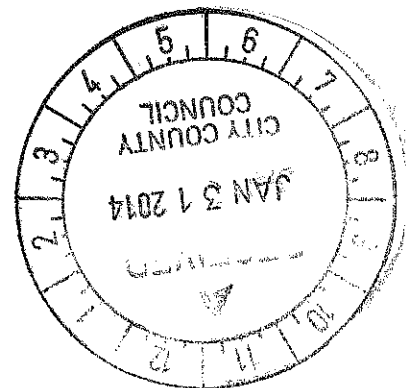
1. a. YOUR NAME Christine Scales
- b. YOUR RESIDENCE ADDRESS
5133 Plantation Drive, Indpls 46250
- c. YOUR BUSINESS ADDRESS
None
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
PRIOR YEAR? YES ☐ NO ☒ none other than City Council work

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME Ø

EMPLOYER'S ADDRESS Ø

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ___ NO ☒

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE
COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Radiology Associates of Indpls.

EMPLOYER'S ADDRESS 1500 N. Albany, Beech Grove, IN

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM
OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE
IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ☒ NO ☐

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

Airport Parking Privileges

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ☐ NO ☒
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Christine Scales
COUNCILLOR

Jan. 27, 2014
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

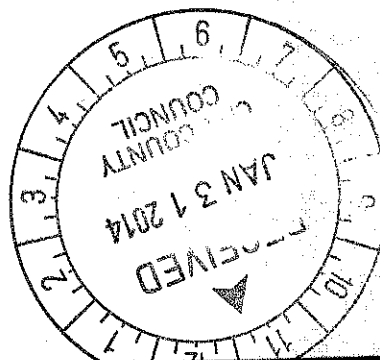
1. a. YOUR NAME Jefferson Shreve
- b. YOUR RESIDENCE ADDRESS
725 E. Markwood Avenue 46227
- c. YOUR BUSINESS ADDRESS
910 E. Markwood Ave 46227
P.O. Box 30 Bloomington IN 47402
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
PRIOR YEAR? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ☒ NO ☐

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS Self storage property investment

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED

Storage Express

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

- 4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER**
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE
IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

**ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO ☒**

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

- 5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO ☒**

**IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:**

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

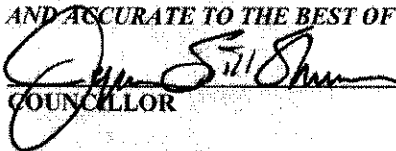
6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO X

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO ___
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILLOR

1/22/2014
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** _Joseph E. Simpson

 b. **YOUR RESIDENCE ADDRESS** _4525 Guilford Ave., Indianapolis, In 46205

 c. **YOUR BUSINESS ADDRESS**

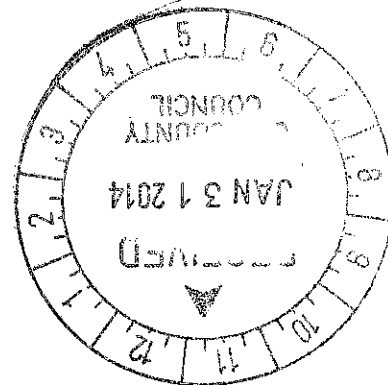
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
PRIOR YEAR?** YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME _Indiana Legal Services Inc

EMPLOYER'S ADDRESS __151 North Delaware Street, Suite 1850, Indianapolis, In 46205

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ___ NO X___

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ___ NO ___ N/A

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

- b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO X___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO X___

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO X___

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

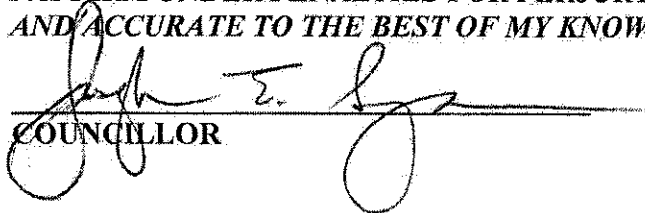
6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO X

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO X
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILLOR

1-24-14
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

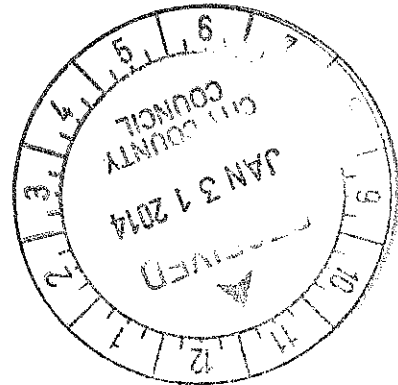
1. a. **YOUR NAME** Steve Talley
 b. **YOUR RESIDENCE ADDRESS** 5444 East 40th Street
 c. **YOUR BUSINESS ADDRESS** 200 East Washington Street, Indianapolis, IN 46204
 T241
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE**
 PRIOR YEAR? YES X NO

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME City of Indianapolis

EMPLOYER'S ADDRESS 200 East Washington Street, Indianapolis, IN 46204
T241

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ___ NO X

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS N/A

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED N/A

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ___ NO ___ N/A

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME N/A

EMPLOYER'S ADDRESS N/A

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO ___ N/A

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD N/A

EMPLOYER'S NAME N/A

EMPLOYER'S ADDRESS N/A

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO X

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO X
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Steve Tally
COUNCILLOR

1-14-2014
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Na Trina DeBow
- b. **YOUR RESIDENCE ADDRESS**
3910 Basque Ct. Indpls. In 46228
- c. **YOUR BUSINESS ADDRESS**

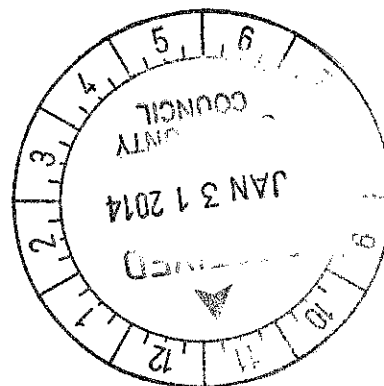
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME City of Indpls. - CCC

EMPLOYER'S ADDRESS 260 E. Washington St
Indpls. In 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ___ NO ☒

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☒ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME USPS

EMPLOYER'S ADDRESS 2650 Dr. MLK Dr.
Indpls. IN 46208

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO ☒

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO ☒
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Naythina DeBow
COUNCILLOR

1/14/14
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

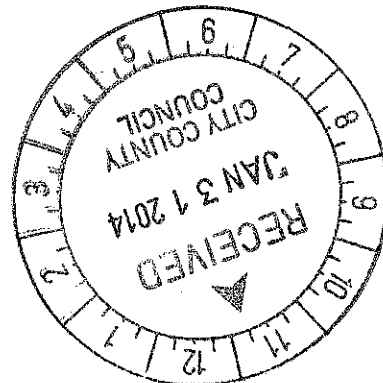
1. a. **YOUR NAME** _____ SaRita Puckett _____
 b. **YOUR RESIDENCE ADDRESS**
 _____ 4042 Monaco Dr, Indianapolis, In 46220 _____
 c. **YOUR BUSINESS ADDRESS**
 _____ 200 E. Washington St, Ste T241, Indianapolis, IN 46204 _____
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
 PRIOR YEAR? YES X NO _____**

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME _____ City of Indianapolis/City-County Council _____

EMPLOYER'S ADDRESS _____ Same as above _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES __ NO X

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE
COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES __ NO __

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT
CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN
EMPLOYER? YES ____ NO ____

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

*[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM
OVER \$5000.00 USE ADDITIONAL SHEETS]*

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO X

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO X

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO X
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


ASSISTANT CLERK

1-22-14
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

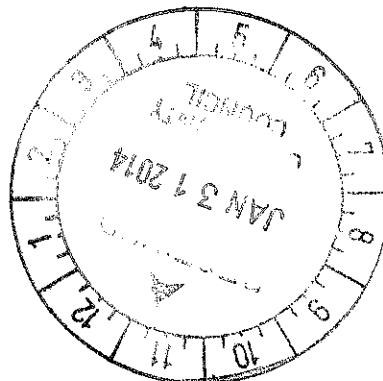
ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. YOUR NAME Angela Gonzalez
b. YOUR RESIDENCE ADDRESS 116 S. Audubon Rd. #4, Indpls. 46219
c. YOUR BUSINESS ADDRESS 200 E. Washington, Ste. 241,
Indpls, 46204
2. a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME City-County Council / City of Indianapolis
EMPLOYER'S ADDRESS 200 E. Washington, Ste 241
Indpls, 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ___ NO ☒

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☒ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Concrete Contractors, Inc.

EMPLOYER'S ADDRESS Post Rd, Indpls, IN 46219

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO X

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO ___
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Angela Gonzalez
COUNCILLOR ASST./CLERK

1-14-14
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1. a. **YOUR NAME** Hope C. Tribble

 b. **YOUR RESIDENCE ADDRESS** 3210 Washington Blvd

 c. **YOUR BUSINESS ADDRESS** 200 East Washington St. Ste. T241, Indianapolis, IN 46205

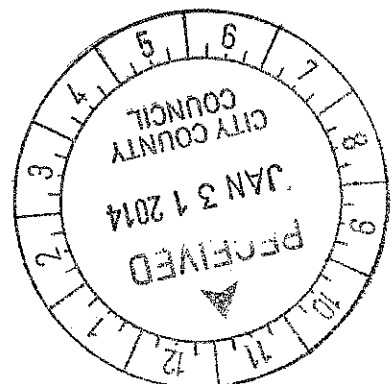
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ☐ NO ☒

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS - NA

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? NA
YES ☐ NO ☐

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER NA

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☐ NO ☐ NA

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
- (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO XX

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO XX

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO ___

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO ___

IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.



COUNCIL CHIEF FINANCIAL OFFICER

1/29/2014

DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

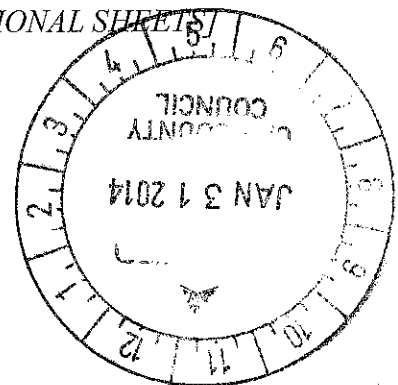
1. a. **YOUR NAME** Ryan Kramer
- b. **YOUR RESIDENCE ADDRESS**
410 N. Meridian St. Indianapolis, IN 46204
- c. **YOUR BUSINESS ADDRESS**
200 E. Washington St.
Indianapolis, IN 46204
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES ☒ NO ☐

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME City-County Council (City of Indianapolis)

EMPLOYER'S ADDRESS 200 E. Washington St.
Indianapolis, IN 46204

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ☐ NO ☒

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME _____

ENTITY'S ADDRESS _____

*[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD _____

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

*IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]*

6. EXCEPT FOR CAMPAIGN DONATIONS , SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO ☒

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO ☒
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

B. K.
COUNCILLOR

1/3/14
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

ADDITIONAL SHEET ____ OF ____.

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ____ CANDIDATE ____ SPOUSE ____
DEPENDANT CHILD _____

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS: _____

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

**INDIANAPOLIS CITY-COUNTY COUNCIL
ETHICS DISCLOSURE STATEMENT**

Sec. 151-1132 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. The statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

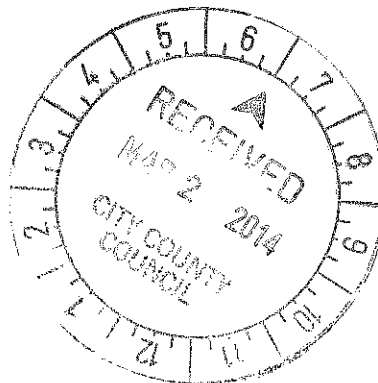
1. a. **YOUR NAME** Richard Barton Brown
- b. **YOUR RESIDENCE ADDRESS**
 6434 Quail Creek Blvd.
- c. **YOUR BUSINESS ADDRESS**
 200 E. Washington Street - 241 CCB
 Indianapolis, IN 46204
2. a. **DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR?** YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME REACH, Inc.

EMPLOYER'S ADDRESS 9 E. High Street
Lawrenceburg, IN 47205

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES ___ NO ☒

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:

NATURE OF THE BUSINESS _____

NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED _____

3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
YES ☒ NO ___

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

EMPLOYER'S NAME Papalia Family Tailoring

EMPLOYER'S ADDRESS 320 N. Meridian St.
Indianapolis, IN 46204

[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]

b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES ___ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER

NAME OF DEPENDANT CHILD _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ANY BUSINESS ENTITY THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES ☒ NO ☐

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES

ENTITY'S NAME Papalia Family Tailoring

ENTITY'S ADDRESS 320 N. Meridian St.
Indianapolis, IN 46204

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES ☐ NO ☒

IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
ORGANIZATIONS:

PERSON SERVING:

COUNCILLOR ☐ SPOUSE ☐ DEPENDANT CHILD ☐

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

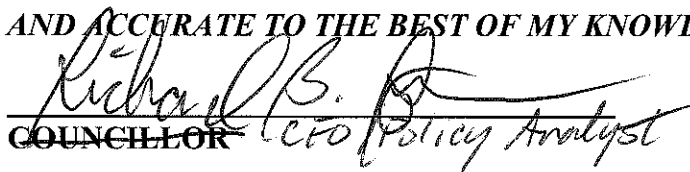
6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW, OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR SEEKS TO INFLUENCE COUNCIL ACTION? YES ___ NO ☒

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES ___ NO ☒
IF YES, HOW MANY ADDITIONAL SHEETS ARE ATTACHED? _____

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.


COUNCILLOR *City Policy Analyst*

3/25/14
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.